No. 300
10.48

FILED FEB 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2363

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville,
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): U.S. Army Hospital Ft. Leonard Wood, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2827 So. 13th St

2249
1

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): Lee
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): January 23 1954

5. SEX: Male 0
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: Nov 5, 1928
9. AGE (In years last birthday): 25 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Soldier
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army
11. BIRTHPLACE (State or foreign country): Bismark, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jack (Sherman) Adams
13b. MOTHER'S MAIDEN NAME: Virgie Crocker
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean Camp.
16. SOCIAL SECURITY NO.: 496-28-1368
17. INFORMANT'S SIGNATURE OR NAME: E. Edmonson
ADDRESS: U.S. Army Hospital Ft. Leonard Wood, MO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain concussion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal skull fracture left
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 1. Laceration and hemorrhage left lung 2. Rupture of liver 3. Rupture of spleen

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
085
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Waynesville Pulaski Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 23 1954 12:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Automobile overturned

22. *I hereby certify that I attended the deceased from* Dead on arrival, at 2:00 P.M., 19 Jan 23, 1954 *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John P. Sargent, M.D.
23b. ADDRESS: Ft. Leonard Wood, Mo. U. S. Army Hospital
23c. DATE SIGNED: Jan 23, 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 25-54
24c. NAME OF CEMETERY OR CREMATORY: Wyknown
24d. LOCATION (City, town, or county) (State): St. Louis Mo

DATE REC'D BY LOCAL REG.: 1-25-54
REGISTRAR'S SIGNATURE: Paula Lyne Anderson 458
25. FUNERAL DIRECTOR'S SIGNATURE: Walter P. Hedges
ADDRESS: Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-25-54
Pulaski County Health Officer
File Number
Date Filed 1-30-54

FEB 3 19

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed Clarence Jones

Signed
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address Waynesville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.